

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000757

Name and Mailing Address

0001109 01 AT 0.292 **AUTO T6 1 0615 32059-442769
JOHNNY TIPPETTE ENTERPRISES, L.L.C.
1169 N.E. GLADIOLI DRIVE
LEE FL 32059-4427



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/21/2000	
Principal Place of Business 1169 N.E. GLADIOLI DRIVE LEE FL 32059	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3619504	Applied For Not Applicable
8. Name and Address of Current Registered Agent TIPPETTE, JOHNNY RT. 2 BOX 1009 MADISON FL 32340		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent SIGNATURE REQUIRED Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	TIPPETTE, JOHNNY	1169 N.E. GLADIOLI DRIVE	LEE FL 32059
500024866245 11/20/03--01004--019 **150.00			
REINSTATEMENT <u>2003</u>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

Date 11-11-04 Daytime Phone # 850-971-5485
Johnny Tippet president